THE CHILD

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A FOSTER CHILD NEEDS HIS OWN PARENTS

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EVERY experienced child-welfare worker is sometimes tormented by doubts of the efficacy of foster-home care for a child who must be cared for away from his own home. In fact, a worker viewing the end result of years of foster care for a child will sometimes remark that the child could not have been much worse off if he had remained in the home from which he was removed.

It is true that many children in foster homes have grown up happy and well adjusted; these help to preserve our faith in what we are trying to do. And some are never able to adjust at all.

There are other children, however, who for some years after going into a foster home seem to be well adjusted to it until adolescence. At about that time the boy or girl becomes more than normally moody, irritable, and defiant. Often such a youngster, who for years has had only a desultory contact with his own kinfolk, or none at all, will suddenly go to great lengths to look them up, and sometimes will even begin to act like one of his parents.

One such child is Mary, who was placed in a boarding home at the age of 4. Her father had left home some time before, and no one knew what became of him. Her mother, a promiscuous woman, had often entertained men at home even before her husband left her. This continued afterward, and there is no doubt that the child knew much of her mother's intimate affairs.

Mary adjusted fairly well to her foster home, was sweet, obedient, never a real problem. To everyone's relief the mother visited her only rarely. The child seldom, if ever, asked about her mother. The social worker rarely mentioned the mother to the little girl, and the foster mother did so only when she expressed her disapproval of the mother's visiting.

At 14 this well-behaved, sweet child became "boy crazy" to a rather alarming degree, and when the foster mother finally discovered some notes written by the girl which in her opinion were vulgar and seductive, the comfortable years in the foster home came to an abrupt end. Because the girl's behavior seemed to be patterned on her mother's, no one will ever convince the foster mother that blood is not thicker than water or that her years of care were not wasted.

Another example is John. Born out of wedlock, John lived in several successive foster homes during his first 3 years. Then he became settled with foster parents, who lived on a farm, and there he remained throughout childhood. The foster parents did not adopt him. In all these years his mother never visited him, and the boy never asked about her, though he knew the foster parents were not his own, and no one mentioned the mother to him.

When John reached adolescence, behavior difficulties appeared, which did not seem important, but which gradually grew more serious. He refused to do his chores and would leave the farm for absences during which no one knew where he was. He said that he did not have to obey his foster mother, toward whom he had previously been affectionate, and he began to ask many questions about his own mother, whom he could not remember having ever seen. Finally, the foster parents asked the agency to remove him, and a series of unsuccessful placements in wage and work homes followed.

Child influenced by absent parent

Such stories make one stop and think. Could a mother who apparently had been forgotten by her daughter have more effect on the daughter's life than the foster home? Could a boy who had never known his own mother be so influenced by her that after a dozen years with kind and loving foster parents he entirely rejected them? Is there something in the parent-child relationship that gives a parent control over the child even in absence?

To answer these questions we have to go back to a misconception upon which some — perhaps many — foster-home placements have been made. That is the mistaken idea that one has only to remove a child from a bad environment and place him in a good one to make him into a respectable citizen. This concept of the child's being a pliable piece of material, which can be molded into a desirable finished product by proper training and environment, is part of the historical development of the philosophy of child-care programs.

In this philosophy behavior was the

Tom's foster parents have had an enlargement made of a snapshot of his own parents, and Tom and his foster mother are showing it to the social worker. Both the worker and the foster parents are aware that a child needs to keep in touch with his own parents.

Condensed from paper given at the New York State Conference of Social Welfare, New York City, November 1946. Copies of the complete paper may be had by writing to the U. S. Children's Bureau.

result of habit, and habit the result of training. That a child already had tendencies that would direct his behavior, that a child had an inner life that might be far more important in the development of his character than his outer life, were concepts far in advance of the early workers.

We know now that every child coming into foster care must be regarded as an individual needing help, and that there should be no place in our thinking for generalities about good and bad environments.

Good environment not enough

We now know that a child may be placed in a good environment and not be affected by it. Nowhere is the expression, "you may lead a horse to water but you cannot make him drink," more apt than in relation to a child who is picked up from one setting and dropped into another.

The reasons why foster-home placements sometimes fail are many. To cover them all one would have to touch upon the way the foster home is studied by the agency, the matching of the home and the child, the preparation of the home for the child. One would have to consider the parent who never will be able to accept with good grace the placement of her child in foster care, also the many aspects of the inner life of the child. This paper deals only with that part of the child's inner life that has to do with his relationship with his parents.

If placement is to be more than just transferring a child into a good environment, we must realize that the child does have an inner life, in which he maintains a parent-child relationship. Secondly, we must accept the evidence of numerous cases that physical separation of parent and child does not necessarily interfere with the parent's influence upon the child. On the contrary, the separation may lead to the child's idealizing the parent. This may become clearer if we go back to our two stories.

Let's begin with Mary. Psychiatrists tell us that it is in the preschool period that little girls really become feminine. It is not at all uncommon to hear an adult say of a 5- or 6-year-old girl, "What a little flirt she is" or "she's already a little woman." We know also that a little girl gets her concept of womanhood from her mother. The child's growth in the direction of becoming like her mother is marked by two-way feelings, of love and hatred. The little girl admires the mother and is jealous because she has characteristics now denied the little daughter.

These conflicting feelings cause tensions in the little girl which may be eased if she remains under the loving care of her mother. However, if the little girl is removed from her mother, the child still loves her, and the yearning to be loved by her continues. But with this is a natural resentment, for she feels that the mother did not love her enough to want to keep her.

Child is loyal to own mother

In the foster home the little girl finds another mother who is kind and loving, and the child accepts this substitute love and appears to adjust well to this new home. But what about the real mother? Whenever she makes one of her infrequent appearances, or whenever the question of the little girl's going home for Christmas or a week end arises, the foster mother shows, directly or indirectly, her disapproval and her unmistakable opinion that the mother is a decidedly poor influence.

In the meantime, what has the social worker been doing? She has been skirting the subject of the child's mother, which is as bad as the open criticism by the foster mother. This action probably arises from the fact that we should like children to have ideal parents, and when we find a most un-ideal lot and see the grief they cause their children, we cannot bear it. We avoid the subject of the disreputable mother to save our own feelings, and we overlook the fact that if we talked to the child about her we should be talking about something that the child knows more about than we do.

And so the little girl gets the impression that everyone thinks she should not love her mother. However, her yearning to love and be loved by her mother continues. She condemns her own resentment and is aware only of her loyalty and of a strong need to defend her mother. Love and hatred then are both repressed, which simply means that they have gone underground, where, unknown both to the child and to the people around her, they

Robert is one of the many foster children who have grown up happy and well-adjusted. His foster parents have always encouraged him to keep in touch with his relatives.

continue to be active in forming her personality. The little girl, as she grows up, seems to get her mother back by becoming like her. At adolescence, boy-crazy behavior shows up, and now everyone says, "Isn't it too bad, she's become just like her mother. And after all we've done for her!"

But we find that one important item was missing from the "all we've done." That was giving the little girl a chance to talk about her mother. Mary should have been not only allowed to ask questions but even encouraged to do so.

Someone should have acknowledged to her that of course she loved her mother. Almost everyone loves his mother; there's something wrong if you don't, not if you do. Once the child learned that no one would condemn her for loving her mother, and that she no longer had to defend her against criticism, she should have been encouraged to talk freely, even to tell of her resentment and anger that her mother had let her down, had failed to be the kind of mother that she should have been. Talking would have released some of the child's tensions and left her freer to pattern her life after that of the foster mother's.

Now take John, who had never known his mother. Did she influence his life so

much that he lost the only home he ever had? Can you imagine that a child can grow up in a home that he knows is not his own, and never, never wonder about who he is? Who were his mother and father? What did they look like? Does he look like them? What kind of people were they? Why didn't they keep him? Why do they never come to see him?

Is it not logical to think that at adolescence John's normal drive to be free of the restrictions set by adults was stepped up by his resentment because these people were not his own? Why should he obey them? They weren't his own parents. After all, what did he owe them? That may not be logical reasoning, because maybe he owed them a lot, but on whom else can he get rid of the resentment that comes not only of not having parents but of not even knowing anything about them?

Barring the rather obvious point that maybe this boy needed to be adopted instead of being kept at loose ends in boarding care, would it not have been better for the social worker to have talked with him from time to time, explaining that his mother had not been able to care for him, that she had wanted him to have a good home with a father and mother, that she had asked the social worker to find one for him, and that these parents were like real parents to him? With some of his longing to know about his own parents fulfilled, his wish to belong, his loyalties, and his feelings of love might have been securely moored to his foster home.

What can we learn from these two stories? First, they reaffirm what we already know, that the child continues to maintain some kind of relationship with his parents long after being separated from them. This relationship may be one that exists entirely in the child's inner life, with no counterpart in reality. In it may mingle love, anger, disappointment. Whatever these feelings are, part of their power over the child comes from the fact that they are hidden. Feelings that have no outlet have a strong effect upon personality.

To this point we have been developing three ideas: (1) Elimination of a parent from the life of the child does not necessarily eliminate that parent's influence upon the child. (2) Strong conflicting feelings about the parent may be present in the child. (3) The strength and influence of these feelings are increased by their concealment.

How social worker can help

Now what meaning do these facts have for the everyday practice of a social worker? First of all, social workers should take the initiative in helping children work out some of these conflicts about their own parents. What Anna Freud calls "the images of the parents" must be kept clear in the child's mind, even if a parent is dead, or committed for life to a hospital for the insane, or if of the parent's own volition he is completely out of the child's life, as in the story of John.

Only in this way will the feelings attached to his curiosity lose some of their strength; only in this way will some of the sting be taken away; only in this way can the longing for his own people be satisfied in some measure and his longing to be loved directed toward the foster parents.

There are three ways by which the social worker may help the child in this.

First is talking with the child about the parents. This is not easy. But the difficulties lie solely within ourselves, and most of them center around fear. We are afraid to hear children speak ill or disrespectfully of their fathers and mothers. Criticism of parents not only goes against our upbringing but arouses in us the fear that if we let the child criticize his parents openly, we are teaching him that he may be critical of any authority. This might mean he could react in the same manner toward the foster parents, and ultimately toward all law and authority.

These fears are groundless. On the contrary, if a child has resentments and disillusionments because adults have neglected him or pushed him around, it is reassuring to find in the social worker a person who agrees openly with him that his life has been hard and who lets him know that she doesn't blame him for feeling as he does. Such a person can help reestablish his faith in adults.

Strange to say, we sometimes fear the child's love for a delinquent parent. We are afraid of this love because we all know that a child often becomes like the person he loves. On the surface it seems that if we tell a child that of course he should love his mother or father, we are telling him to become like the parent. Again this need not be so.

Another reason why it is not easy to talk to these children about their parents is that we are afraid to talk about the parents' behavior. Think of the sex offenses committed by some parents. Think of their laziness; think of their filth; think of their alcoholism.

We could have greater peace of mind about the parents' behavior if we could see beyond the behavior to the person, and could see that his behavior represents his fumbling attempts to be happy. In this respect he is no different from curselves.

Child is not deceived

Only if the social worker sees beyond behavior to the person, only if her feelings about the child's parents are warm and friendly, will she be able to talk with this child about them. If she attempts to sound broad-minded while she is really sitting in judgment, if she is afraid of the parent or of his influence, if she attempts to cover critical feelings with a veneer of tolerance, the child will know it. In that case, he will simply add her conflicts to his own.

It is this "how" of talking to the child that is hardest. It must be a matter-of-fact "how," in which liking for the parent and acceptance of the child's two-way feelings are implicit.

Once we have mastered the "how," the "what" becomes easier. First, we must tell the truth. A child can stand the truth when *with it* goes the worker's sincere interest in the child's happiness, her warm regard for his parents, and her recognition of his hardships. What we tell him will depend also upon what the child tells or asks us, provided our manner encourages him to ask questions.

Though it seems to be a paradox, a child can give up the past more easily if he can keep part of it with him in the sense that he is free to talk about it. He can loosen his bond with his parents more easily if he is not called upon to abandon them entirely.

The "when" of talking to a foster child about his parents, the timing of our telling, is particularly important. One cannot avoid talking about the parents at the time the child is placed in the foster home, when the reasons for placement are being explained, but

Susie's mother has always been welcome at the foster home. After one of her frequent visits, Susie and her foster mother and foster sister are taking her to the bus stop.

one should give only as much information then as the child can digest. As the child becomes more secure in the new home, more details about his parents can be given him. Age is another factor to be considered; what one would tell a 5-year-old would be very different from what one would tell the same child at 15. And we cannot tell a 5-year-old about the mother or daddy who went away and then drop the subject forever after. We must keep it open and help the child to formulate his own questions, which change as he matures.

In addition to helping the child ask questions about his parents, the worker can help him feel that his parents are not shut out of his foster home by seeing that he has photographs of them and mementoes of home. Why don't foster children have large, framed pictures of their parents in their rooms? Many have snapshots, but why shouldn't the parents have a place of honor on the child's dresser?

Mementoes of home would also help the child. I wonder why, when we are preparing a child for placement, we don't suggest that he take some favorite object along that will always remind him of home. The picture and the memento could then be mentioned casually from time to time.

Foster parents should be helped to see that casual conversation with the child about his parents is desirable. If the little girl's pretty hair is just like mother's, why not say so, just as the foster mother might remark that her own daughter looks more and more like grandma? Why couldn't we say casually to a child that daddy has a birthday next month? Let's see, how old would he be now? It is through such discussions about the details of family life, through the jokes about grandfather's mustache cup, through comments about whom one resembles, through remembrances of birthdays, that we come to have a sense of belonging. Through such little things do we feel that we have roots in the past. There is a place for some of this in the life of a child in foster care. By these devices foster parents keep open the subject of the child's own parents.

Of course, we shall have a difficult time getting foster parents to do these things. However, let's not forget that foster homes are to serve children, and the support and guidance we give foster parents must always be in that direction.

The third thing a social worker can do to help the child with his relationship to his parents lies in the realm of work with the parents. Admittedly the steps suggested here require careful, time-consuming work. Good child placement is neither easy nor cheap, and one is often led to wonder if as good results could not have been achieved if an equal amount of thought, effort, and time went into working with the child's parents before placement was considered.

When it seems as if placement of the child is necessary, whether because of circumstances beyond the parent's control, or because the parent desires it, or because the parent really cannot cope with the responsibility of keeping the child, we must help this father or mother to play a modified role in the child's life. The manner in which he or she adapts to this new role will be influenced by the kind of treatment received from the social worker and the agency she represents.

Sometimes after a parent has ceased to visit the child and has therefore lost contact with him, it seems as if this may have happened because no one ever made the parent feel important. Defeated as a parent, faced by this defeat at every visit to the foster home and at every request not to bring so much candy, not to stay so long, not to upset the child to such an extent, many a parent finally gives up.

Only when we recognize why the parent brings too much candy and stays too long, only when we catch some insight into a father's or mother's life, and feelings, and needs, only when we feel with and for this person as a human being, apart from being a parent, can we help him see that he has not wholly given up responsibility for the child.

Children need to have parents visit. Anna Freud points out that we have been wrong even in asking parents to wait for a few weeks until the child seems to be settled in foster care. It is better for the child to have the parent visit soon after placement, even though these visits seem to increase the child's homesickness and grief. And visiting is not the only way parents can help in a child's adjustment; some children are helped by knowing that the parent is paying for the care.

There is one implied but final conclusion in all this. The more we recognize the importance of the parent in the life of the placed child, and the more we come to know and to like the parent, and the more we come to respect him or her as a human being, the less often shall we place a child too hastily and without making every effort to preserve for him his own niche in this universe, which is simply his place in his own home.

"Neuvola" or Well-Baby Clinic Protects Health of Finnish Children

SAMUEL KRAKOW, *Regional Supervisor, Scandinavian Operations, American Red Cross*

FINLAND works to protect the health of its children through "neuvolas," or well-baby clinics. The neuvola not only serves as the place to examine children and their mothers, but also operates as the focal center of public-health programs for the community.

The first large neuvola was established in 1922 in Helsinki by the Mannerheim League, which is the child-welfare branch of the Finnish Red Cross. Since then the league has been encouraging all the communities in Finland to build or equip neuvolas and has been giving practical assistance in getting them started. So successful has this effort been that most of Finland's 500 communities now have some kind of neuvola, and in accordance with the new public-health law every community will be required to put one into operation within the next 2 years.

Quarters of neuvolas vary

Obviously, since each community assumes the responsibility in setting up a neuvola, there is considerable variation in the physical arrangements. The finest is the one at Malmi, in south-central Finland, which is endowed by the Rockefeller Foundation. At the other extreme are the neuvolas in some of the poorer communities, especially in those damaged by the war, where the housing situation is particularly acute. In one village I found that the public-health nurse had rented one room; it was partitioned in the middle by a sheet hung on a string; one section was the neuvola; the other was the nurse's living quarters.

There is also a wide variation in equipment; the better ones have ultraviolet lamps, good examination tables and scales, pleasant waiting rooms, and so forth. Others have nothing more than a paper-covered straw mattress on a crude examination table. Many are without scales. (To meet this shortage the American Red Cross has sent 200 baby scales to Finland.)

However, the purpose of the neuvola is everywhere the same, namely, to safeguard child health. The presence of a public-health nurse, who is in charge of the neuvola, is the result of the Mannerheim League's work. (The league also worked to bring about the new public-health law, which will require each community to provide a nurse for each 4,000 of the population.)

The neuvola has regular examination days, generally several times a week; the doctor comes once or twice a month, also on schedule. Mothers are encouraged to bring their babies every week soon after birth but later a visit every 2 or 3 weeks is considered sufficient.

You can tell when it is clinic day at the neuvola. In the summertime you will see a lineup of small, low, wooden carriages with wooden wheels. In the winter, you will see these same carriages, equipped with wooden runners; and many of the little "kick sleds" one finds everywhere in Finland. (The kick sled is merely a little chair mounted on long metal runners. The baby is tied securely to the seat; and the mother holds on to the back of the chair, stands behind on one of the runners, and pushes or kicks backward on the snow or ice with her free foot.)

Inside the neuvola there is the usual noise found in baby clinics.

Some neuvolas provide little baskets or boxes for the babies' clothing; less elaborate places provide nothing more than chairs on which clothing can be piled.

Undressing a baby for examination is a complicated business, since, to put it mildly, the babies are bundled up well to protect them from the cold. A wrap called a bunting is very popular; it is roomy, and square in shape except for a rounded hood; nothing of the baby is visible except his face.

First the baby's record card is taken out of the files and then the baby is weighed and measured and examined, by the nurse, or on certain days, by the doctor. The nurse recommends changes in diet, gives advice on various problems, answers an anxious mother's many questions, and also gives out leaflets on various aspects of child care. In addition, the nurse distributes vitamin preparations, cod-liver oil, baby powder, powdered milk, and so forth. Immunizations of various kinds are given, and if the parents wish, their children may receive the BCG vaccine, which helps to provide immunity against tuberculosis.

This public-health nurse, on the staff of one of Finland's neuvolas, or well-baby clinics, is setting out to visit babies whose families live far from the center of the community.

In order to make some of the neuvola services available to people who live far from the center of the community, the nurse takes periodic trips to the country. On these trips she often carries with her a portable scale. In the summer she travels on foot or on a bicycle; in winter by horse and sleigh if they can be had, but more likely on skis or by kick sled.

Then there are "mobile neuvolas," each of which consists of a team, including a doctor and a nurse, and a midwife if there is one available. These teams visit remote areas, where few if any medical facilities are available. In pleasant weather the clinic's work is done in the open; in bad weather the team uses whatever facilities the local Mannerheim League chapter has available, often the home of the nurse or teacher. The mobile neuvolas give the same services as the

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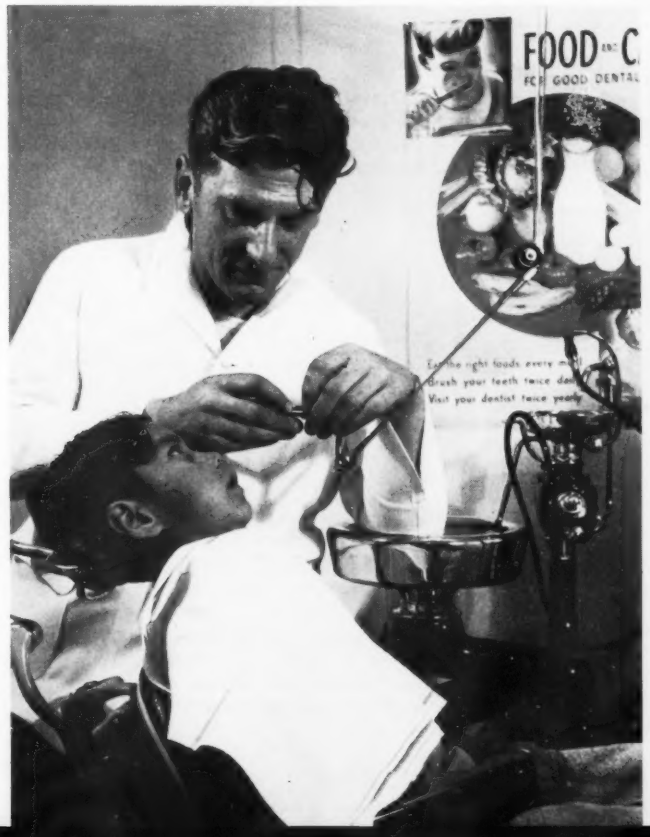
Ship Carries Health Services to Coastal Villages of Alaska

Scattered along a coast line longer than that of continental United States, the people of many villages in Alaska have little or no medical service at hand. And so the Alaska Department of Health, with the cooperation of several Federal agencies, sends a ship, the *Hygiene*, along part of the coast, carrying a doctor, a nurse, a dentist, and a laboratory technician. Equipment includes a doctor's and a dentist's office, an X-ray room, and a small laboratory. And there is a waiting room and a record room.

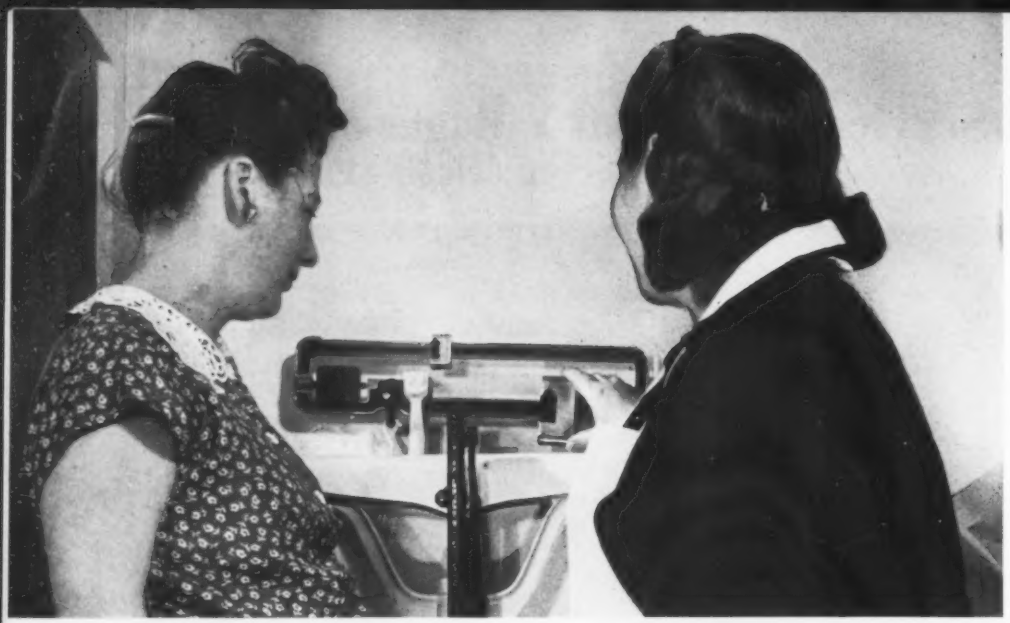
The *Hygiene* travels to as many villages as time and weather permit, beginning with southeastern Alaska. The department of health hopes to extend the service until every village is visited at least once a year. At present it is estimated that 20,000 persons are reached in a year, including whites, Indians, Aleuts, and Eskimos.

Among the most important of the health services provided on the *Hygiene* are the services for mothers and children, some of which are shown here.

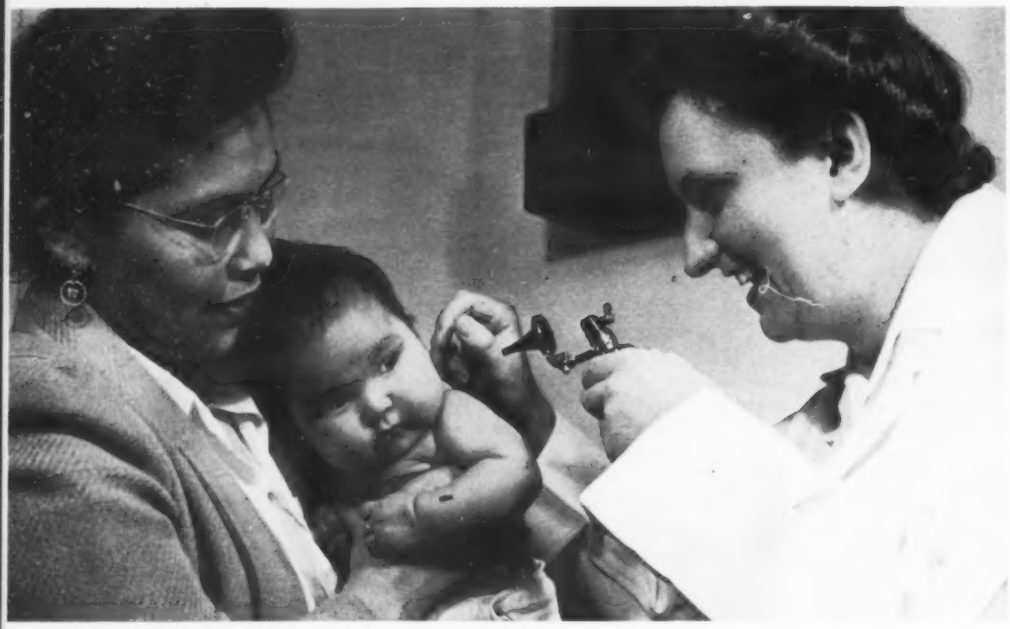
This boy lives on an Alaska island where there is no dentist. The "Hygiene's" dentist is going to treat his teeth. But first he is gaining the boy's interest by showing him how the dental instruments work.



Here are some of the children of a remote Alaska village, coming on board the "Hygiene" for medical and dental examination and treatment. People of all ages are given these services on the ship.

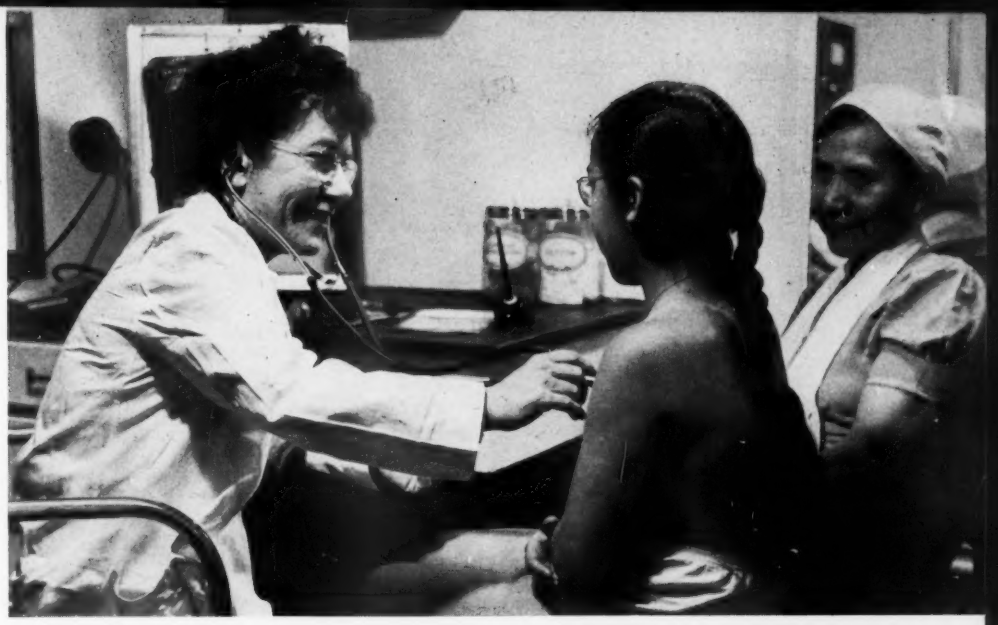


A public-health nurse on the "Hygiene" is weighing an expectant mother before the doctor examines her. Weighing at regular intervals is an essential in prenatal care.



Examination of the baby's ears with the doctor's otoscope will not hurt him. But he doesn't quite like the idea, even with mother holding him quite safely in her arms.

After examining the baby, the "Hygiene's" doctor is giving his mother instructions on how to take care of him so as to keep him well. A copy of *Infant Care* should help.



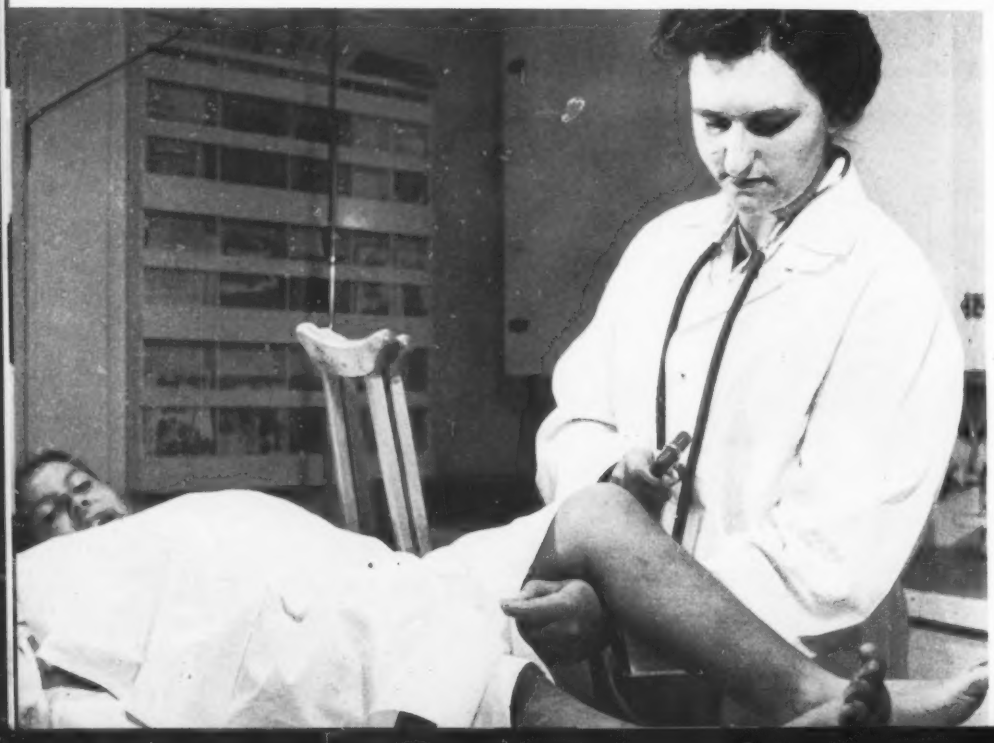
School-age children are examined by the doctor aboard the "Hygiene." The little girl's mother sits beside her as the doctor listens to her lungs and heart with the stethoscope.

Immunization against diphtheria and other diseases is an important part of the doctor's work on the "Hygiene." Each immunization is noted as part of the child's health record.

With the help of a poster, the doctor is demonstrating the proper use of a toothbrush. She also tells the children about various kinds of food in relation to dental health.

A mothers' class in nutrition, held on the "Hygiene" by the public-health nurse, is discussing the subject of milk and its value in a mother's diet before and after a baby's birth.

Showing the mother the X-ray film of her little girl's chest, the "Hygiene's" doctor says it is possible that the child has tuberculosis, a common disease among native Alaskans.



Physically handicapped children, as well as other children, get medical attention on the "Hygiene." This little girl has tuberculosis of the hip and the doctor is examining her.

HOMEMAKER SERVICE HELPS TO PRESERVE FAMILY LIFE

FRANCES PRESTON, *Home Economist*
RIKA MACLENNAN, *Supervisor of Homemaker Service, Family Service Association of Cleveland*

CHILDREN thrive best in their own homes, and on that axiom homemaker service is based. Its usefulness has increased as social workers have learned how to help parents use the service advantageously.

Homemaker service as one part of case work is an answer to parents who ask how they can keep their homes functioning in spite of the temporary—or even permanent—incapacity or absence of the mother.

Short-time homemaker service, given during a temporary absence of the mother from the home, is known as "interim care." Long-time service, given during extended or permanent absence of the mother, is known as "inclusive care."

Both short-time and long-time care given by homemakers afford children the security of their own homes and the continued companionship of at least one parent. As the children grow they can develop with their father normal parent-child relationships, and with their brothers and sisters they can learn the give-and-take natural to children of the same family.

Much depends on father

A case worker uses homemaker service, of course, only when the family wants to maintain the home, and when one parent at least has a strong enough personality to make a constructive plan possible. This does not mean, however, that homemaker service should be considered only when a father is a stable, adequate person. On the contrary, the service is of value even when he is a passive and dependent person. His passivity, if not extreme, may be an asset, helping him take the role of mother for part of the time. The father for whom such care is most likely to succeed is the one with warmth of feeling for his children, and understanding of them. He needs enough stability to take more responsibility than he would carry if the mother were in the home, and he must be willing to cooperate with both the homemaker and the case worker. It is essential that the father retain his position as head of the household.

Condensed from paper given at National Conference of Social Work, San Francisco, April 13–19.

Short-time service

Placement of the children because the mother is in a hospital or ill at home may be a traumatic experience for them. When the mother is having a new baby, for example, the children may be farmed out among neighbors or may be left at home uncared for unless the father stays with them. A homemaker, taking over the care of the children in their own home, enables the father to continue working and relieves his anxiety and the mother's about the home, thus facilitating her recovery. Many fathers try to arrange for this service themselves but find they cannot afford to pay what a competent person would charge.

Children are likely to suffer from fears aroused by their mother's illness and her absence from the home. If they stay in their own home these fears can be dealt with more easily and fears of the unknown are not so likely to arise. Tensions are lessened, so that the whole family has a better chance of returning to normal living after the mother's convalescence.

In this way the sense of security of the C family was maintained. Mr. C came to the agency several months before his wife's confinement, asking for help in planning to prevent a repetition of previous difficulties. He said that the family could not again stand what happened when his wife was in the hospital for the birth of the youngest child. Then they had placed the children away from home. Worry over them had sent Mrs. C into a nervous collapse that kept her in the hospital for several weeks and piled up doctor and hospital bills. The children later came home upset and fearful about what might happen next. The family took months to get back to ordinary life.

The case worker found physical conditions in the home poor but she also found close family ties and a fair amount of stability on the part of the parents, particularly the father. While the case worker was making plans to provide a homemaker she was able to help Mrs. C to some extent in getting over her insecurity and anxiety.

During Mrs. C's convalescence at home, the homemaker gave her some of the mothering she needed. She also helped Mrs. C to build up her feeling of adequacy by praising her good care of the children and by helping her plan her work more efficiently and by letting her know that her attitudes toward her children helped them to be happy and well-behaved.

The C's were enabled to maintain their family unity during a time that they had feared might bring a family break-down. As a result the parents are better able to meet future crises.

Children need own home

Both short-time and long-time services are based on the same principles. The aim of long-time care is to give the children the opportunity to live in their own home with their own family. Parental warmth in their own home offers children the best opportunity of learning to become consciously aware of other people, to form patterns of independence and cooperation, and to develop self-confidence. The homemaker supplements the father's efforts to provide the right conditions for his children's physical, mental, and emotional development.

Case workers need a high degree of sensitivity and of professional skill to use homemaker service constructively in long-time care. Thorough evaluation and diagnosis are as necessary as in any other form of case work. Whether or not the family really wishes this kind of service should be determined during the exploration of all possible plans. The case worker must understand each member of the family in order to get a complete picture of the situation. She

must know their characteristics, the role played by each parent, and the place of each child in the family in order to select a suitable homemaker and to help her fit into the home. Much more detail about the way of living is needed than is usually obtained in case work. In order to supervise the homemaker the case worker must know about household management and equipment, low-cost food planning, and economical buying of clothing. Detailed discussion of finances with the parents is necessary to determine the amount the agency must contribute toward the homemaker's wages and toward buying needed household equipment.

The case worker will find herself in new, many-sided relations with the homemaker and with members of the family. Utmost skill is sometimes needed to keep a proper balance in these contacts.

The case worker will guide the homemaker while she is adjusting herself to the family, and often will help her in understanding problems caused by the absence of the mother and other problems more deeply rooted. The case worker may need to work directly with the father or some other member of the family as well as with the situation as a whole. At the same time she may be working on environmental and health problems, giving supportive help, and treating emotional problems. The case worker may give these same services in other family situations, but here she has that extra factor to consider—the homemaker.

As an example of the ramifications and complexities of the family situations that homemakers try to meet, let us look at the long-time care of the X children.

Mrs. X deserted her husband and four children when the responsibility for their care became too much for her. Deprived of love as a child, Mrs. X had a great need for material things, perhaps because they represented the love she lacked in childhood. Mr. X was crushed by his wife's desertion. He blamed himself because he had not given her the things she wanted. He had chosen, for example to keep a night job with moderate wages, that was secure rather than change to a temporary day job that paid more and would have satisfied his wife while it lasted.

After Mrs. X left, the children were cared for temporarily by an elderly relative. Then Mr. X sought the help of a social agency because he could not solve the problem alone. He was determined to keep the children together, yet knew he could not afford to hire a person competent to take care of them.

Study by the case worker disclosed a strong feeling of confidence between father and children. The father showed willingness to cooperate with the agency, and a homemaker was placed in the home. The father's characteristic passivity made it easy for him to take, without complaint, full responsibility for the children during week ends and to cooperate with the homemaker. Yet his masculinity was sufficiently dominant to be of basic value to the boys.

The homemaker, a warm, motherly person, yet capable of firm control, has now been in the home for 3 years. During the first months she needed a great deal of supportive help from the case worker, and praise for her efforts, for there were many problems. She was handicapped even in her housework, for the mother had taken with her many necessary pieces of household equipment.

The two older children, Bill, 8, and Paul, 6, were quiet, docile, well-mannered children, who at first gave the homemaker little concern. But the two younger ones, Joe and Ann, did. Two-year-old Ann would cry herself to sleep at night, would wet the bed, and would wake up screaming for her mother. After about 2 months she gave up crying and screaming, and in less than 6 months she no longer wet the bed. She began to accept the homemaker and she improved in every way.

Joe, 4, presented a different picture. His aggressive behavior, resistance to control, refusal of food, and unresponsiveness naturally caused concern to his father and the homemaker. The case worker spent much time helping the homemaker to win the boy's confidence. Finally he began to improve, though he is still sensitive and easily hurt. He occasionally has temper tantrums, but he has developed a gratifying responsiveness.

With the help of a homemaker, this family is making out well while the mother is in the hospital. Father cooks breakfast, and the homemaker arrives before he leaves for work.

Though Bill and Paul were no trouble, the homemaker gradually realized that they were too quiet and withdrawn from other people. With the case worker's help, both the homemaker and the father worked toward building up the boys' self-confidence and their interest in play and in other children.

The experience of being deserted by their mother will leave a scar on these children. However, the feeling of security that a strong family unity gives would have been lost had it been necessary to place the children away from their home or had the father tried to

take care of them alone. The father kept a real home for his children; surely the community must consider this a sound investment of time and money.

Homemaker service is often of value even if the prognosis for success is poor, as with the family of Mr. and Mrs. A. Mrs. A, mentally ill, is in a hospital permanently. Mr. A, even though he has a regular job, is never out of debt. In fact, having debts seems to be as compulsive to him as drink to an alcoholic. He has some warmth of feeling for the children—Agnes, Jim, and Pat, but feels that he must express it by giving material evidence of his love—thus increasing his debts.

The oldest child, Agnes, 8 years of age, was an extremely unresponsive child, whose slight security seemed rooted in her attachment to her father. She met most questions with silence or "I'll have to ask my father." Jim, 5 years old, was likable, but was infantile in his behavior. He wet the bed, talked baby talk, and tried excessively to get attention. Both he and Agnes had eating difficulties. Pat, the baby, though of normal size for his age, 8 months, was so retarded in development that he seemed subnormal. Usually he lay in his baby buggy, making no attempt to sit up or even turn over.

The outlook was discouraging, but the father did show industry at work, had good personal habits, and firmly desired to keep the children with him. A trial period of keeping the children at home was decided upon; it has lasted a year and a half and is to be continued.

The first homemaker could not get along with Agnes. Jim and Pat, however, responded well to her care and began to improve. Because Agnes continued to be unresponsive, an additional case worker worked with her for 8 months.

When a more friendly type of homemaker became available she was placed in the home to replace the homemaker who was baffled by Agnes. The second homemaker accepted the child as she was, extended quiet friendliness, yet exercised firm control. With the help of the case worker she slowly achieved a relation of mutual confidence with Agnes, probably the best the little girl had had since her mother rejected her at the time of Jim's birth—the real cause of Agnes' difficulties.

After a while, Agnes changed. She lost her tense, scared expression. She is still afraid of new acquaintances, but with people she knows she laughs and talks in a spontaneous way. She is over her eating difficulties. She takes some part in school activities and has several playmates. This progress in getting together with people has been sufficient to show that Agnes is not psychotic, as she once seemed.

It probably would have been disastrous for Agnes to be placed in a foster-family home, for separation from her father might have intensified her difficulties. Placement in an institution, where she might have had less personal attention, would probably have caused more repression.

Meanwhile Jim was progressing, too, no longer reverting to his infantile habits. And at the insistence of the case worker, the father allowed Pat to be taken out of the baby buggy and placed in a play pen where he could move about. His progress was slow at first, but in 6 months he made up for the time lost in early babyhood.

Homemaker service a success

Though there is room for further progress in this family, the three children have a much better chance to grow into well-adjusted persons than they would have had without the care of a homemaker. Their father has shown the least change of all, but he has always cooperated with the homemaker, shows pride in the children's progress (and claims credit for it). He gets satisfaction from being the head of the household. Under the guidance of the case worker both of the homemakers respected his position, included him in all planning, and let him retain all the responsibility that he could handle.

These histories will be labeled as success stories. They are, but they are typical of many histories of homemaker service. Some of this service is not successful, and, of course, other services are more suitable for some families. Some families will not accept the guidance of a case worker; others lack the stability to hold together. Children from such homes may do better in the controlled environment of an institution than at home without their mother. Careful evaluation through case work is necessary to determine the best plan for each family.

When these boys' mother went to a tuberculosis sanitarium their father thought he would have to place them in a foster home. A homemaker made foster care unnecessary.

One situation is extremely difficult—that of the chronically ill mother at home. In short-time care the presence of the mother in the home is seldom a difficulty, but in long-time care there is danger that the mother may feel displaced. Because of her insecurity she may have mixed feelings toward the homemaker, regardless of the homemaker's suitability and skill. The mother is likely to overprotect the children or to fear that her husband will lose interest in her. She may let her dependency develop so far that she cannot bear to give up her illness, or she may find a new one. An example will show the actual difficulties and the lack of success.

Mrs. M, mother of five children ranging in age from 2 to 15 years, returned home after hospital treatment. Relatives who had cared for the children while she was in the hospital could not

continue to do so during her long convalescence. An experienced homemaker was placed in the home.

Mrs. M resisted suggestions that the children help with the housework; she treated the homemaker like a maid. The mother and the homemaker disagreed about discipline and the responsibility for it. Mrs. M was critical of the homemaker's work, was overexacting, and gave directions in a dictatorial way. She accused the homemaker of not caring about the children, yet she resented any attention the homemaker gave them. After 4 months of this confusion, the homemaker refused to continue.

Before another homemaker was placed in the home the case worker discussed with Mrs. M the plan of work. Mrs. M acknowledged that she had been overexacting and unreasonable and agreed to new arrangements, which included a work schedule for the older children. In spite of this, when the new homemaker came the mother continued to expect an impossible amount of work and refused to let the children do part of the housework. After this second trial of 4 months, the case worker decided to take the second homemaker out of the home because both mother and homemaker were dissatisfied. The mother then decided that she could assume full responsibility for the children if she could have part-time help with the heavy work. This arrangement, too, lasted for only a few months because Mrs. M demanded so much attention.

The constant friction between Mrs. M and the homemakers about the care of the children was not good for them. And without a homemaker the three older children learned to do things for themselves and for the family. The mother did not change much. Although her health improved, she continued to get considerable gratification from her invalidism.

Background of the service

Homemaker service is not new. A few social agencies have had it in their programs for almost 25 years.

The U. S. Children's Bureau, recognizing this service as a method of child care, called a conference on it November 1937 in Washington. The conference considered the principles of organization, satisfactory standards of service, and means for guiding the development of the service along sound lines. Participating were representatives of national and local agencies in the fields of social work, public-health nursing, home economics, and vocational training.

The next year, 1938, the National Committee on Homemaker Service was formed. This committee has continued under the guidance of the U. S. Children's Bureau and with the active participation of the Family Service Association of America and the Child Welfare League of America. The committee and the Children's Bureau jointly have made possible distribution of descriptive material to social agencies that are interested in starting the service. Recently the Bureau has published "Homemaker Service; a method of child care," by Maud Morlock (Pub. 296, 1946).

Directory to be issued

The Bureau in cooperation with the National Committee on Homemaker Service is now planning to issue a directory of agencies that offer such service as part of their regular case-work service. There are probably between 50 and 60 of these agencies, in both the family and the children's fields, including a few public agencies in large cities.

The Russell Sage Foundation, at the request of the committee, is compiling the monthly statistics reported by 31 agencies in order to encourage development of uniform statistical methods and to provide sound information on which to analyze and evaluate the progress of this type of child care.

In the course of the growth of homemaker programs, many people have asked if such programs are an integral part of case-work service. It is, according to Mary Richmond's definition of case work, quoted by Gordon Hamilton in "Theory and Practice of Social Case Work": "Social case work may be defined as the art of doing different things for and with different people, by cooperating with them to achieve at one and the same time, their own and society's betterment."

Reprints available in about 5 weeks

Finnish Well-Baby Clinic

(*Continued from page 22*)

fixed neuvolas. In 1946 about 20,000 children were served by mobile neuvolas.

In the 25 years since the neuvolas began their work, they have made significant advances in improving the health of children. In Helsinki, at the time the neuvola started operations, infant mortality was estimated at 15 percent; now it is less than 2 percent. The activity of the neuvola has greatly reduced the incidence of rickets, a disease still encountered with alarming frequency in Finland, where during the long winter season there is so little sun. (In one particularly poor area deep in northeastern Finland, the village doctor told me that all the children in his area had rickets, including his son.)

Although the health work for children has been delayed by the war, every effort is now being made to make up for lost time. Owing to severe shortages of many much-needed baby foods and other preparations, many countries and organizations, including the American Red Cross, have sent considerable amounts of supplies, which have been distributed through the neuvolas to Finnish children. These supplies, plus the heroic efforts of the Finnish nurses, and the great interest of both the public and the Government in child health have helped materially to safeguard the health of the Finnish children, who are the future of Finland.

Reprints available in about 5 weeks

CALENDAR

Aug. 27–29—National Association for Nursery Education. San Francisco.

Sept. 8–12—Third American Congress on Obstetrics and Gynecology. St. Louis.

Sept. 11–13—U. S. National Commission for UNESCO. Chicago.

Sept. 22–25—American Hospital Association. Forty-ninth annual convention. St. Louis.

Oct. 6–10—American Public Health Association. Seventy-fifth annual meeting. Atlantic City.

IN THE NEWS

For Youth Conservation In South Carolina

South Carolina's Youth Conservation Committee, which was appointed by Governor R. J. Williams in October 1945, made substantial progress during its year of fact-finding studies in the fields of services to children and youth—health and medical care, education, child-welfare services, recreation, child labor, and religion—to be used as a basis of recommendations for the "development of adequate resources and facilities for the sound growth of all children in our State." In addition, its subcommittee on legislative survey has been analyzing the existing State laws affecting children and preparing recommendations for a future legislative program.

Two meetings were held, in May and October 1946, for progress reports of the subcommittees on their study and recommendations, and for coordination of plans for the next steps.

In February 1947, soon after Governor J. C. Thurmond took office, the committee strongly recommended to him that in order to carry out effectively the work begun by its subcommittees on study of the conditions and needs of the children of the State and on coordinating and advising youth-serving programs, both State and local, the Youth Conservation Committee should be put on a permanent basis, with an appropriation. Also, the committee recommended that a professional executive should be employed to direct the work of the committee and to work with local committees to be organized in each county.

Governor Thurmond, recognizing that the recommendations had merit, asked that the report be presented to the committee on reorganization of State government, to be appointed by the general assembly.

Awaiting the reorganization, the Youth Conservation Committee voted in March to return its functions to the State Federation of Women's Clubs, which had originated the youth conservation movement in the State.

After its annual convention in April, the federation invited the State P. T. A. and the State conference of social work to join with them in forming a State citizens' committee on children and youth.

Twenty-three State-wide organizations have been asked to join in the work of this committee, "to coordinate the activities of the many State-wide child-welfare committees and to plan a program that will be helpful to organizations serving the needs of children."

The planning board of the former Youth Conservation Committee, composed of representatives of 12 State departments or agencies serving youth, has been asked to continue as an advisory body for the citizens' committee on children and youth. The organization was completed at a meeting of representatives of the 23 organizations and the advisory board on June 12 in Columbia.

Stella Scurlock

Labor Information Bulletin Revivified

Readers of *The Child* who are especially interested in child labor and youth employment will find in the *Labor Information Bulletin* more detailed information in that field than *The Child* usually has space to publish.

The *Labor Information Bulletin*, enlarged and revivified now that wartime restrictions have been removed, is issued monthly by the United States Department of Labor to give news about the Department's plans, programs, and projects, including child-labor and youth-employment programs.

Sample copies of the June and July issues of the *Bulletin* have been sent to all readers of *The Child*.

States May Now Use Federal Grants For Temporary Boarding Care For Children

Federal funds under title V, part 3, of the Social Security Act as amended (Child Welfare Services) may now be used to pay for temporary boarding care for special groups of children.

An amendment to the regulations for administration of the act, effective June 11, 1947, has been isused by the Acting Commissioner for Social Security. This amendment enables State public welfare agencies to develop, under State plans approved by the Children's Bureau, such services and facilities as (1) subsidized boarding homes for temporary care of children needing shelter, detention, or emergency care, (2) temporary foster-family care of nonresident children, and (3) care of some unmarried mothers and their babies when other facilities are lacking. Previously boarding home care could be paid for from Federal funds only under certain emergency conditions.

Now that the regulations permit the use of Federal funds to pay for temporary care of children in foster-family homes a number of the States are including in their plans for the fiscal year 1948 special projects for temporary care of children in foster-family homes.

The need for services and facilities for temporary boarding care, particularly in rural areas, had been expressed by State public welfare administrators at the four regional conferences on child welfare called by the Children's Bureau in the fall of 1946.

According to the Federal Register for June 11, 1947, "the last sentence of section 203.6 of the regulations relating to Child-Welfare Services (42 CFR, Cum. Supp., 206.6) is amended to read as follows: 'A State shall not expend such funds to pay for the cost of care of children in boarding homes or institutions which provide care for children except, subject to appropriate conditions specified in the State plan, with respect to temporary care in boarding homes or projects for care in such homes for special groups of children to meet particular needs.'"

British Film Available

"Children on Trial," a motion picture showing the British program for combating juvenile delinquency, is being made available in the United States by the British Information Services, 30 Rockefeller Plaza, New York 20, N. Y.

Our thanks for the August cover go to Tony and his puppy, and to Esther Bubley, who caught them with her camera for the U. S. Children's Bureau.

Other credits:

Page 18, Library of Congress photograph by OWI.

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Page 22, photograph by American Red Cross.

Pages 23–26, photographs by J. Malcolm Greany for the Alaska Department of Health.

Page 28, photograph by Wesley Mason for the *Hartford Courant*, used by courtesy of Family Service Society, Hartford, Conn.

Page 29, Federal Public Housing Authority photograph.

CHILDREN'S BUREAU HAS THIRTY-FIFTH ANNIVERSARY

Thirty-five years ago—in 1912—Congress passed a law creating the Children's Bureau and requiring this Bureau to "investigate and report . . . upon all matters pertaining to the welfare of children and child life among all classes of our people."

In August 1912 the Bureau opened its doors. Since then the public has become increasingly aware of the needs of children and has supported measures to meet them.

The movement for greater effort to understand and fulfill children's needs had begun before the end of the nineteenth century, and the founding of the Children's Bureau was a step forward. This movement has continued ever since, in spite of rough going and occasional set-backs, toward the goal of a fair opportunity for every child. And the Children's Bureau has been a national center for these efforts.

In the three and a half decades since 1912, saving the lives of many mothers and children has been perhaps the most important gain.

In 1912 no one knew what our infant death rate was, for few States kept good enough records of births and deaths to enable the Bureau of the Census to calculate the rate.

After State recording of births and deaths improved, we found that the death rates for both babies and mothers were very high.

Thousands of deaths of mothers and babies are now prevented each year, largely through advances in medical knowledge, better sanitation, refrigeration of food, better water and milk supplies, rising standards of living, and better public understanding of what saves the lives of mothers and babies.

The Federal Government is now cooperating with every State in the Union, as well as Alaska, Hawaii, Puerto Rico, the District of Columbia, and the Virgin Islands, in providing health services for mothers and children and medical services for crippled children.

As public opinion has led to better child-labor and school-attendance laws, boys and girls are getting more schooling and are being better protected from exploitation. But the conditions of employment for boys and girls who do go to work are better than the children had who went to work 35 years ago. The working day is generally 8 hours or less instead of 10 hours or more. More restrictions have been placed on night work and dangerous work. It is true that many States still let a 14-year-old leave school and go to work, but 35 years ago many States let 12-year-olds work. In 1938 a Federal act set a 16-year minimum for employment by establishments producing goods shipped in interstate commerce and 18 for particularly hazardous occupations.

In 1912 the usual way of caring for a needy child was to place him in an institution. Only one State was giving aid to children in their own homes. Now every State gives such aid, all but one with the help of Federal funds.

For children who have no homes, or whose homes are inadequate, public and private agencies have extended and improved foster care.

In rural areas and areas of special need the Federal Government is cooperating with State and local agencies in providing social services for children.

Progress has been made in understanding juvenile delinquency and dealing with it through juvenile courts, local welfare agencies, and child-guidance clinics.

States and local communities have come to have a greater feeling of responsibility for the care of unmarried mothers and their babies. This feeling is reflected in laws passed for the protection of these children, especially those placed for adoption.

From the beginning the Bureau has participated in international work for children, through the Pan-American Child Congresses; special committees of the League of Nations and the I. L. O.; the American International Institute for the Protection of Childhood; and, more recently, activities developed through the United Nations, the World Health Organization, and other international bodies, especially the International Children's Emergency Fund. Since 1942 a special unit of the Bureau has administered a program of direct cooperation with the other American Republics and has given service to specialists from all parts of the world.

We in the United States have still far to go before we can say that we are doing everything we might do to give every child a fair opportunity. But we are on our way.

Katharine F. Lenroot

KATHARINE F. LENROOT,
Chief,
U. S. Children's Bureau.

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U. S. CHILDREN'S BUREAU
Katharine F. Lenroot, Chief

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